

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

| | | | | |
|--|--|---|--|--|
| 1. CIR./DIST./ DIV. CODE TXN3 | 2. PERSON REPRESENTED John Wiley Price | VOUCHER NUMBER | | |
| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER 3:14-cr-00293-M | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER | |
| 7. IN CASE/MATTER OF (Case Name) USA v Price | 8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal | 9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other | 10. REPRESENTATION TYPE (See Instructions) CC | |

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
AND MAILING ADDRESS
Shirley Baccus-Lobel
8350 Meadow Road
Suite 186
Dallas, TX 75231

Telephone Number: **214/220-8460**

14. NAME AND MAILING ADDRESS (U.S. DISTRICT COURT provide per instructions)
NORTHERN DISTRICT OF TEXAS
FILED
MAR - 6 2015

13. COURT ORDER
 O Appointing Counsel C Co-Counsel
 F Subs For Federal Defender R Subs For Retained Attorney
 P Subs For Panel Attorney Y Standby Counsel

Prior Attorney's Name: _____

Appointment Dates: _____
 Because the above-named person represented has testified under oath or has otherwise
established this Court that he or she (1) is financially unable to employ counsel and (2) does
not wish to waive counsel, and because the interests of justice so require, the attorney whose
name appears in Item 12 is appointed to represent this person in this case, OR
 Other (See Instructions)

[Handwritten signature]
Signature of Presiding Judge or By Order of the Court
03/06/2015

Date of Order _____ Nunc Pro Tunc Date _____

Repayment or partial repayment ordered from the person represented for this service at time
appointment. YES NO

| CLAIM FOR SERVICES AND EXPENSES | | | FOR COURT USE ONLY | | |
|--|--------|----------------|---|---------------------------|----------------------------|
| CATEGORIES (Attach itemization of services with dates) | By | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT |
| IN COURT | | | | | |
| 15. a. Arraignment and/or Plea | Deputy | | | | |
| b. Bail and Detention Hearings | | | | | |
| c. Motion Hearings | | | | | |
| d. Trial | | | | | |
| e. Sentencing Hearings | | | | | |
| f. Revocation Hearings | | | | | |
| g. Appeals Court | | | | | |
| h. Other (Specify on additional sheets) | | | | | |
| (RATE PER HOUR = \$) | | TOTALS: | | | |
| OUT OF COURT | | | | | |
| 16. a. Interviews and Conferences | | | | | |
| b. Obtaining and reviewing records | | | | | |
| c. Legal research and brief writing | | | | | |
| d. Travel time | | | | | |
| e. Investigative and other work (Specify on additional sheets) | | | | | |
| (RATE PER HOUR = \$) | | TOTALS: | | | |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| 18. Other Expenses (other than expert, transcripts, etc.) | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | | |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____ | | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | 21. CASE DISPOSITION | |

22. CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental PaymentHave you previously applied to the court for compensation and/or reimbursement for this YES NO If yes, were you paid? YES NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____ Date _____

| APPROVED FOR PAYMENT — COURT USE ONLY | | | | |
|---|------------------------|---------------------|--------------------|--|
| 23. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR./CERT. 0 |
| 28. SIGNATURE OF THE PRESIDING JUDGE | | | DATE | 28a. JUDGE CODE |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED 0 |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | DATE | 34a. JUDGE CODE |